24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SC	CHEDULE E)		PAGE 1 FOR SE OF	OF 6 FORM 24/48
NAME OF COMMITTE (In Full)			EC IDENTIFICATION	ON NUMBER ▼
С	REDO SUPERPAC		C C00507517	
Check If 24-hour report				
	Full Name (Last, First, Middle Initial) of Payee Consolidated Printing		M / D D /	Y
	Mailing Address 5942 N. Northwest Hwy	Amount		2012
	City State Zip Code Chicago IL 60631	Transacti	ion ID : SE.7177	490.82
	Purpose of Expenditure Printing Category/ Type	Office Sought:	House Senate	State: IL District: 08
	Name of Federal Candidate Supported or Opposed by Expenditure: JOE WALSH	Check One:	President Support	X Oppose
	Calendar Year-To-Date Per Election for Office Sought 5062.74	Disbursement 2012 Other	For: Primary er (specify)	General
	Full Name (Last, First, Middle Initial) of Payee Katie Cozort	Date		2012
	Mailing Address 2611 Glen Eden Dr	Amount		
	City State Zip Code Raleigh NC 27612	Transact	tion ID : SE.7087	625.00
	Purpose of Expenditure Category/ Type	Office Sought:	House Senate President	State: IL District: 08
	Name of Federal Candidate Supported or Opposed by Expenditure: JOE WALSH	Check One:	Support	Oppose
	Calendar Year-To-Date Per Election 7312.74 for Office Sought	Disbursement 2012 Othe	For: Primary er (specify)	General
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures	•	7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Becky Bond [Electronically Filed] Date Signature	M M / / 09	17 / Y Y Y 201	2